Department of LABOR AND INDUSTRIES

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# PROVIDER BULLETIN

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## THIS ISSUE

Guideline on
Facet Neurotomy

**TO:**

Ambulatory Surgery Centers
ARNPs
MD/DO Clinics
Medical Physicians
Osteopathic Physicians
Outpatient Hospitals
Pain Clinics
Physician Assistants
Radiology
Self-Insured Employers

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## Purpose and Development of the Guideline

The purpose of this medical treatment guideline is to provide information on the diagnosis and treatment criteria for cervical or lumbar facet joint pain, and the reactivation protocol following a facet neurotomy.
(Older terminology for facet neurotomy included "rhizotomy", although this term does not accurately describe the current procedure.)

This Provider Bulletin also contains the medical treatment guideline that will be used by the department's utilization review vendor to review requests for cervical or lumbar facet neurotomy.

This medical treatment guideline was developed by the Washington State Department of Labor and Industries in collaboration with the Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council. The guideline is based on a literature review of the current scientific information regarding facet neurotomy in the treatment of facet joint pain, and on expert opinion from actively practicing physicians who regularly treat facet joint pain.

This Provider Bulletin becomes effective 09/15/2003.

**Literature Review on Facet Neurotomy**
The current medical literature was reviewed for randomized, double blind control trials on facet neurotomy in the treatment of cervical or lumbar facet (zygapophyseal) pain. Certain elements were consistently noted in the articles reviewed. Multiple authors recognized that a comprehensive physical examination and diagnostic work up was essential to exclude any reversible, structural pathology that could be the cause of the reported pain. Diagnostic medial branch nerve blocks were administered using a small volume of 0.5 ml of either a short acting or a long acting local anesthetic. Documentation of pain relief following each block corrresponded to the expected duration of the local anesthetic injected. Strict adherence to established inclusion and exclusion criteria led to the selection of individuals with a clear diagnosis of medial branch nerve pain that may benefit from a facet neurotomy. The patient may return to their usual activities within two days following a facet neurotomy.

**Documentation of Pain Relief following Diagnostic Blocks**
No pain medication should be taken for four hours prior to each diagnostic medial nerve block or facet joint block. No IV sedation should be administered before or during a diagnostic block except in an extreme case of anxiety. Prior to the block, pain should be reproducible with positioning of the patient, to at least a "4" on a 0-10 visual analog scale (VAS).

After each diagnostic block the injured worker should document the level of pain relief obtained using the *Neurotomy Workup Pain Relief Report Form* found in this Provider Bulletin. The form may be copied for distribution. The injured worker is to engage in the activities that previously produced pain and document the level of pain relief obtained every 15 minutes for six hours following each block. The completed form is to be returned to the physician at the next scheduled office visit, and placed in the medical record. A copy of the completed form should also be sent to the department.

**Reactivation and Maximum Medical Improvement following a Facet Neurotomy**
A formal plan for reactivation must be developed, and agreed upon by the injured worker, prior to a facet neurotomy. If indicated, vocational assessment and/or plan development should be initiated prior to the procedure. A two-day recovery period following the facet neurotomy would be expected, followed by the continuation of vocational activities if not previously completed. Progressive reactivation, as appropriate based on the injured worker's condition, should include up to four weeks of outpatient physical therapy or occupational therapy, or work hardening. An additional four weeks of reactivation may be approved with documentation of physical or functional improvement during the preceding four weeks of therapy. At the conclusion of the post procedure reactivation the injured worker should be at maximum medical improvement.

**Facet Neurotomy will Require Utilization Review**
The department's Utilization Review (UR) vendor, using the medical treatment guideline in this Provider Bulletin, will review requests for facet neurotomy for state fund claims. The current UR vendor is Qualis Health, phone number 1-800-541-2894, and fax number 1-877-665-0383.

**What are the Billing Codes for Diagnostic Blocks?**
Codes for facet medial nerve branch block

| | |
|---|---|
| 64470 | Injection of anesthetic agent &/or steroid, paravertebral facet joint nerve, cervical, single level |
| 64472 | Cervical, each additional level |
| 64475 | Lumbar |
| 64476 | Lumbar, each additional level |
| 76005 | Fluoroscopy |

**What are the Billing Codes for Facet Neurotomy that will require Utilization Review?**

| | **CPT Procedure code** | **ICD.9 Procedure code** |
|---|---|---|
| Destruction by neurolytic agent (e,g, thermal, radiofrequency), paravetebral facet joint nerve, Lumbar, single level | 64622 | 04.2 |
| Lumbar each additional level | 64623 | 04.2 |
| Cervical | 64626 | 04.2 |
| Cervical, each additional level | 64627 | 04.2 |

**Will the department pay for an additional Facet Neurotomy?**

The department will pay for **only one** facet neurotomy on the same side and at the same level for an injured worker.

**Non-covered Procedures**

The department will not pay for dorsal neurotomy, thoracic neurotomy, SI joint neurotomy, ganglionectomy, or transection or avulsion of other extradural spinal nerves.

# Criteria for Cervical or Lumbar Facet Neurotomy

## Inclusion Criteria

| CONSERVATIVE CARE | CLINICAL FINDINGS | |
|---|---|---|
| | SUBJECTIVE/ OBJECTIVE | DIAGNOSTIC TESTS |
| **AND** | **AND** | |
| Failure of 6 months of non-invasive therapy such as physical therapy, medications, or manual therapy (mobilization/manipulation) | Non-radicular neck or back pain.<br>**AND**<br>Segmental pain or tenderness at the level of the involved facet and not more than 2 levels bilaterally or 3 levels unilaterally.<br>**AND**<br>Neurologically intact for the region involved. | Diagnostic testing as required to rule out any correctable structural lesion to include CT or MRI.<br>Diagnostic blocks should not involve more than 2 levels unilaterally or bilaterally.<br>**AND**<br>Minimum of at least 2 differential local anesthetic blocks. One block must be of the medial branch of the dorsal ramus innervating the targeted facet joints; the other block may be an intraarticular facet joint block.<br>**AND**<br>Differential blocks may be either 0.5 ml total volume of a short acting local anesthetic (2% to 4% lidocaine); or 0.5 ml total volume of a long acting local anesthetic (0.5% to 0.75% bupivacaine).<br>**AND**<br>Steroid may be used with a local anesthetic for the intraarticular block but **total volume of both** local and steroid should not exceed 0.5 ml for cervical injection and 0.75 ml for lumbar injection.<br>**AND**<br>Minimum of 80% pain relief following each block while performing activities that previously provoked pain. Documentation of pain relief should be a patient-generated report in real-time, every 15 minutes for the first six hours following the block.<br>**AND**<br>Duration of pain relief should be consistent with the expected duration of the local anesthetic injected (1 hour for short acting and 2 hours for long acting local anesthetic).<br>**AND/OR**<br>Placebo controlled blocks may be used to resolve any ambiguity of results of local anesthetic blocks. |

## Exclusion Criteria that would require UR physician review

- Radiculopathy
- Anticipated cervical, thoracic, or lumbar surgery
- Anticipated surgery for any other condition
- Previous fusion at the targeted level
- Diagnosed with a psychiatric condition likely to interfere with diagnostic accuracy of the workup protocol or with recovery following the anticipated procedure
- Multiple, focal, chronic pain syndromes (i.e., CRPS, fibromyalgia, chronic fatigue syndrome)

# FACET NEUROTOMY WORKUP PAIN RELIEF REPORT FORM

Directions: This form is to be completed by the patient, or someone recording the patient's responses, in "real time" following the administration of a facet block. **Pain relief level should be recorded while doing activities that previously caused pain.** Please fill in the date and time of your block was performed, then circle the time the block was completed on the time chart. Every 15 minutes put a check mark in the time chart box that most accurately describes the degree of your pain relief. Continue to put check marks in the appropriate time chart box **every fifteen minutes for a full 6 hours** following the block. This form needs to be returned to the physician who performed your block at your next scheduled visit, since it will become part of your medical record.

Name:_____ Date of block:_____

Time of block_____

## My pain is:

| **Time** (Circle the time of the block) | 100% Totally gone | 80% Pretty much gone | 50% Half way gone | 20% Barely gone | 0% Usual level, no relief | **Time** | 100% Totally gone | 80% Pretty much gone | 50% Half way gone | 20% Barely gone | 0% Usual level, no relief |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 8:00 am | | | | | | 4:00 pm | | | | | |
| 8:15 | | | | | | 4:15 | | | | | |
| 8:30 | | | | | | 4:30 | | | | | |
| 8:45 | | | | | | 4:45 | | | | | |
| 9:00 am | | | | | | 5:00 pm | | | | | |
| 9:15 | | | | | | 5:15 | | | | | |
| 9:30 | | | | | | 5:30 | | | | | |
| 9:45 | | | | | | 5:45 | | | | | |
| 10:00am | | | | | | 6:00 pm | | | | | |
| 10:15 | | | | | | 6:15 | | | | | |
| 10:30 | | | | | | 6:30 | | | | | |
| 10:45 | | | | | | 6:45 | | | | | |
| 11:00am | | | | | | 7:00 pm | | | | | |
| 11:15 | | | | | | 7:15 | | | | | |
| 11:30 | | | | | | 7:30 | | | | | |
| 11:45 | | | | | | 7:45 | | | | | |
| 12:00pm | | | | | | 8:00 pm | | | | | |
| 12:15 | | | | | | 8:15 | | | | | |
| 12:30 | | | | | | 8:30 | | | | | |
| 12:45 | | | | | | 8:45 | | | | | |
| 1:00 pm | | | | | | 9:00 pm | | | | | |
| 1:15 | | | | | | 9:15 | | | | | |
| 1:30 | | | | | | 9:30 | | | | | |
| 1:45 | | | | | | 9:45 | | | | | |
| 2:00 pm | | | | | | 10:00pm | | | | | |
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| 2:30 | | | | | | 10:30 | | | | | |
| 2:45 | | | | | | 10:45 | | | | | |
| 3:00 pm | | | | | | 11:00pm | | | | | |
| 3:15 | | | | | | 11:15 | | | | | |
| 3:30 | | | | | | 11:30 | | | | | |
| 3:45 | | | | | | 11:45 | | | | | |

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